

Below are the instructions for filling out application paperwork in order to become a member of the COAD of Santa Rosa.

The first form is the **Agency Resource Assessment Form**, this form is to tell the COAD board about your organization under number 1.

Number 2 allows you to give your organizations preferred point of contact for COAD issues.

Number 3 -10 allows you to better describe what your organization does and its capabilities as well as scope.

Number 11-14 give an idea of your staff's level of training.

If you are an individual versus an organization you need only fill out numbers 1 and 11.

The next form is the Memorandum of Understanding and is an acknowledgement of your organizations willingness to participate as a member of the COAD of Santa Rosa. Each of the blank lines at the top of the MOU should have the organizations name entered. The blank at the bottom is the date the form is signed. This form should be signed by a decision maker from your organization. If you are an individual and not affiliated with an organization, you may include your name instead of an organization in the first two lines.

These forms may be submitted by mail or email to:

COAD
4499 Pine Forest Rd
Milton Florida 32583

danielh@santarosa.fl.gov

For more information please contact Daniel Hahn at 983-4606 and he can direct you to other members of the steering committee.

**Community Organizations Active in Disaster
(COAD) of Santa Rosa County
Agency Resource Assessment Form**

1. Please complete this information about your organization.

Organization: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Website: _____
Your Name: _____
Your Position/Title: _____

2. Please give us contact information for the person who will be our point of contact for your organization.

Contact Name: _____
Position/Title: _____
Phone Number: _____
Email: _____

3. What is your organization's mission?

4. What services does your organization provide?

5. What services does your organization provide after a disaster?

6. How many people does your organization serve?

7. What areas does your organization serve? (Circle all that apply)

- National
- State
- Santa Rosa County
- Escambia County
- Okaloosa County

8. Does your organization provide services in a language other than English?

Yes

No

If so, list the language_____

9. Does your organization use volunteers? Yes No

If not, would staff people be used to provide services? Yes No

10. Does your organization have a volunteer coordinator? Yes No

If yes, please list their name and contact information.

11. Have your organization's staff or volunteers received training in any of the following topics:
(circle all appropriate)

- Basic First Aid
- CPR and AED
- Disaster Response
- Community Preparedness
- Citizen Corp
- CERT
- Volunteer Management Training
- Other _____

12. Would your organization be able to host training at one of its facilities?
Yes No

If yes, please describe facilities (people capacity, telecommunications, equipment, tables, chairs, handicap accessibility, etc.)

12. When would be a convenient time for your organization's members to receive free disaster preparedness training:

- Weekday
- Weeknight
- Weekend
- Weekend night

Memorandum of Understanding

A Cooperative Agreement between _____ and COAD.

_____ would like to work cooperatively with the Community Organizations Active in Disaster (COAD) of Santa Rosa.

1. We accept the purpose and program of COAD and subscribe to the principles of membership.
2. We accept the COAD structure as a model for our organization and wish to use the COAD logo for identification purposes.
3. We have a disaster program and policy for commitment of resources to meet the needs of people affected by disaster without discrimination.
4. We will participate in annual leadership conferences and/or other meetings and share information with the COAD.
5. We accept our responsibility to maintain and provide a roster which will include participating organizations and designated representatives. The roster will include address, phone number, fax number and email addresses. We agree to keep COAD advised of changes.
6. We understand that this is a continual agreement effective _____ and remaining in effect until one party or the other requests a discontinuation.

Signature of Representative

Signature of COAD Officer